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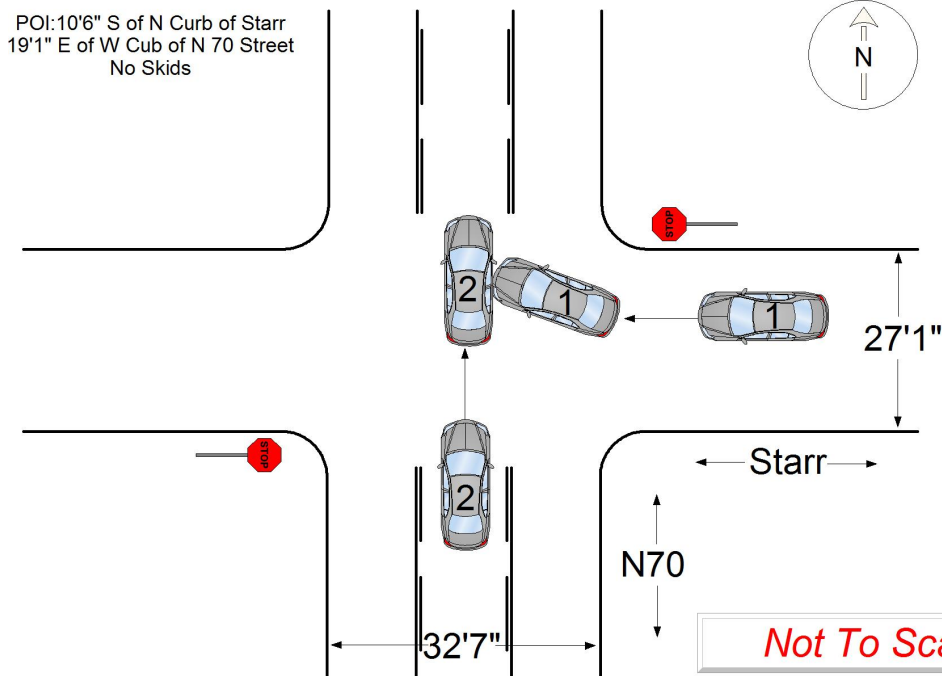
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 145	Agency Case No. B5-092767	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1618	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1619	Amended 10/05/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N70 & Starr		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
2	NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
02	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b					
01	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
E	VEHICLE NO. 1					
2						
F	DRIVER LICENSE NO.	H13060440		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER JENNIFER I GOEBEL		PHONE 4022171132		LOCAL NO.	
5	DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		04/20/1986	
V2/N	1021 Scenic LN, LINCOLN, NE 68505		PHONE 402-429-7253		LOCAL NO. W/M/11-28-1986	
1	OWNER TRAVIS R SEWELL		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO		CITATION NO. LB482677	
G	OWNER ADDRESS CITY, STATE, ZIP		YEAR (Plate Expires)		2016	
2	1021 SCENIC LN, LINCOLN, NE 68505		STATE (Of Plate)		NE	
H	LICENSE PLATE PA NO.	SNU231		VEHICLE	2005	Toyota
5	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
V1/O	2005	Toyota	Camry	4 door Sedan	black	<input type="radio"/> TOALED \$ 1200
2	VEHICLE ID NO. (V1/N)	4T1BE32K55U076559		INSURANCE COMPANY	Wadena	
V2/O	TOWED TO	TOWED BY		POLICY NO.	WAP2J02	
2	VEHICLE NO. 2					
I	DRIVER LICENSE NO.	H13019569		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER MAJOR A ERICKSON		PHONE 402-805-2926		LOCAL NO.	
1	DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		07/31/1988	
V2/P	2620 N COTNER BLVD, LINCOLN, NE 68507		PHONE 402-261-0412		LOCAL NO. W/F/12-09-1951	
1	OWNER NANETTE L ERICKSON		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO		CITATION NO.	
J	OWNER ADDRESS CITY, STATE, ZIP		YEAR (Plate Expires)		2015	
01	2620 N Cotner, Lincoln, NE 68507		STATE (Of Plate)		NE	
V1/Q	LICENSE PLATE PA NO.	TDX321		VEHICLE	1996	Subaru
4	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
V2/Q	1996	Subaru	Legacy	Station wagon	green	<input type="radio"/> TOALED \$ 1300
4	VEHICLE ID NO. (V1/N)	4S3BG6857T7372521		INSURANCE COMPANY	State Farm	
K	TOWED TO	TOWED BY		POLICY NO.	0968567C0627	
02						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		


INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Vehicle one was Westbound on Starr, turning Northbound onto N70 Street into the middle turn lane and impacted vehicle two which was Northbound on N70 Street in the middle turn lane at Starr. The driver of vehicle one said she was stopped at the stop sign at N70 Street, Northbound through traffic was stopped, a Northbound motorist waved at her to go, she began to turn into the middle turn lane and observed impact from vehicle two. The driver of vehicle two said he was going approximately 30mph in the middle turn lane, observed vehicle one pulling out onto N70 Street, braked and swerved left, but was unable to avoid impact.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>			
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>			
WITNESSES	NAME								ADDRESS								PHONE			
	NAME								ADDRESS								PHONE			

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	2	VEH 2	1												
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																													
1				X	N 70 Street																													
2	X				N 70 Street																													
1	05				06 Turning left 07 Making U-turn				POINT OF IMPACT 08		VEHICLE 1		POINT OF IMPACT 03		VEHICLE 2																			
2	01				08 Entering traffic lane				MOST DAMAGED AREA 08				MOST DAMAGED AREA 03																					
01 Essentially straight ahead					09 Leaving traffic lane					<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> 02 None 09 Top &amp; windows 10 Undercarriage 11 Total (all areas) 12 Other </div> <div style="text-align: center;"> 02   03   04 01  05 08   07   06 </div> </div>																								
02 Backing					10 Parked																													
03 Changing lanes					11 Slowing or stopped in traffic																													
04 Overtaking/Passing					12 Other																													
05 Turning right					13 Unknown																													

OFFICER NO. <b>1517</b>				TROOP/ TEAM/ BEAT <b>2</b>				DEPARTMENT <b>Lincoln Police Department</b>				<b>Photographs taken?</b> <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO </div>							
INVESTIGATOR NAME <i>(Print or Type)</i> <b>David Wunderlich</b>								INVESTIGATOR SIGNATURE <b>Approved by Officer David Wunderlich</b>								DATE OF REPORT <b>10/05/2015</b>			